

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09716114

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15	1					
16		1				
17		1				
18		1				
19		1				
20		2				
21		2				
22		2				
23		2				
24		1				
25		1				
26		1				
27		1				
28	1					
29		1				
30		1				
31		1				
32		1				
33		1				
34		1				
35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41		1				
42		2				
43		1				
44	1					
45		1				
46		1				
47		1				
48		1				
49		2				
50		2				
TOTAL IND.	4					
TOTAL DEP.	53					
TOTAL CLAIMS	57					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		2	1	1	1	1
52		2	1	1	1	1
53		1	2		1	1
54		1	1		2	2
55		1	1		1	1
56		1	1		1	1
57		1	1		1	1
58		1	1		1	1
59		1	1		1	1
60		1	2		1	1
61		2	2		2	2
62		1	2		2	2
63	1		1		2	2
64		1	1		2	2
65		1	1		1	1
66		1	1	1	1	1
67		1	1		1	1
68	1		1		1	1
69		1	1		1	1
70		1	1		1	1
71		1	2		2	2
72		1	1		2	2
73	1		1		2	2
74		1	1		2	2
75		1	1		1	1
76		1	1		1	1
77		1	1		1	1
78		1	1		1	1
79		1	1		1	1
80		1	1		1	1
81	1		1		1	1
82		1	1		1	1
83		1	1		2	2
84		1	1		1	1
85		1	1	1	1	1
86		2	1		1	1
87		2	1		1	1
88		1	1		1	1
89	1		1		1	1
90		1	1		1	1
91		1	1		1	1
92		1	1		1	1
93		1	1		1	1
94		1	1		1	1
95		1	1		1	1
96		1	2		1	1
97		1	2		1	1
98		1	2		1	1
99		1	1		1	1
100		1	1		1	1
TOTAL IND.	5		6		8	
TOTAL DEP.	50		52		51	
TOTAL CLAIMS	55		58		54	

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CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101		/				
2		/				
3		2				
4		/				
5	/					
6		/				
7		/				
8		/				
9		/				
10		2				
11		2				
12		2				
13		/				
14		/				
15		/				
16		/				
17		/				
18		/				
19		/				
20		/				
21		2				
22		/				
23	/					
24		/				
25		/				
26		/				
27		/				
28	/					
29		/				
30		/				
31		/				
32		/				
33	/					
34		/				
35		/				
36		/				
37		/				
38		/				
39		/				
40		/				
41	/					
42		/				
43		/				
44		/				
45		/				
46		2				
47		2				
48		2				
49		/				
50	/					
TOTAL IND.	6					
TOTAL DEP.	52					
TOTAL CLAIMS	58					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53		/				
54		/				
55		/				
56		/				
57		/				
58		/				
59		/				
60		/				
61		/				
62		/				
63		/				
64		2				
65		/				
66	/					
67		/				
68		/				
69		/				
70		/				
71		2				
72		2				
73		2				
74		2				
75		/				
76		/				
77		/				
78		/				
79		/				
80		/				
81		/				
82		/				
83		2				
84		/				
85	/					
86		/				
87		/				
88		/				
89		/				
90	/	/				
91		/				
92		/				
93		/				
94		/				
95						
96						
97						
98						
99						
100						
TOTAL IND.	3					
TOTAL DEP.	47					
TOTAL CLAIMS	50					

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